

Performance & Development Solutions (PDS)
Applied Business Series (ABS)

Name: _____ SS #: _____
 Last *First* *MI*

E-Mail: _____ Work Phone: _____

Record Of Completion

<u>Core Courses</u>	<u>Course #</u>	<u>Date Taken</u>
Building a High-Performing Workplace	GI 302	_____
Business Writing Workshop	GI 134	_____
Customer Service	QM 002	_____
Grant Seeking	GI 200	_____
Grant Writing	GI 091	_____
Marketing Principles	GI 305	_____
Project Management	PT 103	_____
Services Contracting: Selecting a Contractor	GI 148	_____
Services Contracting: Drafting, Negotiating, and Monitoring the Contract	GI 149	_____

The following signatures indicate awareness of this application and support for completion of this certificate program within three (3) years.

Employee Signature Date Department Director Signature Date

Supervisor Signature *Date* *Training Liaison Signature (state employee only)* *Date*

Please return the completed form to:

State Employees: Your agency's Training Liaison
Non-State Employees: PDS Training, DAS-HRE, Fax: (515) 242-6450, Phone: (515) 281-5456

Confirmed: _____ Courses Valid Since: _____ Completion Date By: _____
Certificate Sent: _____